

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Nurse Speigner  
Houston County Jail  
901 Main E. Main Street  
Dothan, AL 36301

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature *[Signature]* ☒ Agent ☒ Addressee
- B. Received by (Printed Name) *Rose H. Owens* C. Date of Delivery *6-8-05*
- D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

3. Service Type

- ☒ Certified Mail ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number  
(Transfer from service label)

PS Form 3811, August 2001

Domestic Return Receipt

7005 1160 0001 2962 2864

102085-02-M-1540

*1:05cr974 (Order, R+R, Crp) 40 days*

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1. Article Addressed to:

Lamar Glover  
Houston County Jail  
901 Main E. Main Street  
Dothan, AL 36301

2. Article Number

(Transfer from service label)

7005 1160 0001 2962 2840

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

x

*[Handwritten Signature]*

☒ Agent

☐ Addressee

B. Received by (Printed Name)

*[Handwritten: Resettling]*

C. Date of Delivery

*[Handwritten: 12-8-05]*

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below: ☐ No

3. Service Type

☐ Certified Mail

☐ Express Mail

☐ Registered

☒ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

*[Handwritten: 1:05cr974 (order, R+R, nup 4008)]*

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1. Article Addressed to:  
 W. McCarthy, Commander  
 Houston County Jail  
 901 Main E. Main Street  
 Dothan, AL 36301

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

*[Signature]*

☒ Agent

☒ Addressee

B. Received by (Printed Name)

*Rose Ann Brown*

C. Date of Delivery

*12-8-05*

D. Is delivery address different from item 1? ☐ Yes  
 If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail

☐ Express Mail

☐ Registered

☒ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from service label)

PS Form 3811, August 2000

*1:05cr974 (order, R+R+4000)*  
 7005 1160 0001 2962 2857

Domestic Return Receipt

102595-02-M-1540